DAYTON SCHOOL DISTRICT
COMMUNITY. INTEGRITY. HOPE.

Facility Use Application

Community Use of School Facilities

Thank you for your interest in using Dayton School District facilities. Our goal is to provide safe, equitable access to district spaces while protecting students, staff, and property.

School programs and student activities always take priority. Submitting this application does not reserve space. Your event is confirmed only after district approval and written confirmation.

Please complete all sections.

Applicant Information

Applicant Name: _____ Organization Name: _____

Email: _____ Phone:_____

Mailing Address: _____

Event Type:

School Program ◯ Community Group ◯ Non-Profit Adult ◯ Non-Profit Youth ◯

Private Event ◯ Other ◯

Will admission or fees be charged? Yes ◯ No ◯

If yes, amount: _____

Facility Information

Location		Facility or Space Requested
Grade School	☐	_____
Junior High School	☐	_____
High School	☐	_____
Outdoor/ Fields	☐	_____
Other	☐	_____

Additional spaces needed (optional): _____

Date and Time

Start Date: _____ End Date: _____

Recurring event

Yes ◯ No ◯ Days of Week: _____

Start Time: _____ End Time: _____

Reason for use / Event description

_____

_____

_____

Special setup requests or needs:

_____

_____

_____

Setup and Technology Needs

Custodial Setup Needs

_____

_____

_____

_____

_____

_____

_____

Technology / Audio Visual Needs

_____

_____

_____

_____

_____

_____

_____

Additional spaces needed (optional): _____

District-Sponsored Program Status

Are you a fully district-sponsored program?

Yes ◯ No ◯

A district-sponsored program is organized, supervised, and funded directly by Dayton School District staff and operates under district insurance and employee oversight (examples: classes, teams, clubs, PTO events).

If yes, name of the staff supervisor: _____

If No, I understand a minimum of two (2) hours of custodial staffing is required and additional time may be assigned to ensure the facility is prepared, safe, and ready for the next school day.

Liability Insurance

Non-district groups must provide proof of insurance.

Insurance certificates must:
• List the exact legal name of the organization or group using the facility
• Name Dayton School District as Additional Insured
• Meet required coverage limits (minimum of $500,000)
• Not be under another organization's umbrella or shared policy

Certificates that do not specifically name the applying group will not be accepted.

Insurance Carrier: _____ Policy Number: _____
Expiration Date: _____

Please attach a copy of your insurance card

Group Description and Classification Information

Describe your organization and event: _____

Organization Type

_____

Percent of participants residing within the Dayton School District

above 75% ◯ 51-74% ◯ 26-50% ◯ 0-25% ◯

I understand rosters or participant documentation may be required to verify classification.

Usage Fees (For Planning Purposes Only)

Classification Guidelines and Facility Rates. *The district determines final classification*.

Class 1 – District programs or local non-profit youth activities
Class 2 – In-district non-profit or community groups
Class 3 – For-profit, private, or out-of-district groups

Space	**Classification 1**	**Classification 2**	**Classification 3**
Classroom/ Library	No Fee	$10 / hour	$20 / hour
Commons	No Fee	$15 / hour	$30 / hour
Fields / Track	No Fee	$20 / hour	$40 / hour
Old Gym	No Fee	$15 / hour	$30 / hour
New Gym	No Fee	$25 / hour	$50 / hour
Kitchen	N/A	$25 / hour	$50 / hour
Parking Lot	No Fee	$10 / hour	$10 / hour
Custodial Staff	$50 / hour	$50 / hour	$50 / hour
Kitchen Staff	$50 / hour	$50 / hour	$50 / hour

Facility Use Rules and Acknowledgement

By submitting this application, I acknowledge and agree that:

☐ School activities take priority and my event may be rescheduled or canceled if conflicts arise
☐ I will comply with all district policies and building procedures
☐ No alcohol, tobacco, or illegal substances are permitted on district property
☐ I am responsible for supervision, behavior, and safety of participants
☐ I am responsible for any damage or excessive cleanup costs
☐ Required insurance, permits, and licenses must be provided before approval
☐ I will follow all directions provided by district staff
☐ Failure to comply may result in cancellation or loss of facility privileges

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I certify that the information provided is accurate and that I agree to all terms and conditions of facility use.

Printed Name: _____

Signature: _____

Date: _____